

FILED DEC 2 1948

Registration District No. 291

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4433

State File No. 37677

Registrar's No. 82

1. PLACE OF DEATH:

(a) County PUTNAM
 (b) City or town UNIONVILLE
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community. 47 YEARS
years, months or days3. (a) PRINT
FULL NAME PHOEBE QUICK3. (b) If veteran,
name war. —3. (c) Social Security
No. —4. Sex FEMALE
5. Color or
race WHITE6. (a) Single, widowed, married,
divorced WIDOWED

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive. — years7. Birth date of deceased SEPTEMBER 11 1858
(Month) (Day) (Year)8. AGE: Years 90 Months — Days 21
If less than one day
hr. — min. —9. Birthplace YATES CITY ILL.
(City, town, or county) (State or foreign country)10. Usual occupation HOUSEWORK11. Industry or business AT HOME12. Name FREDRICK ODAWALT13. Birthplace GERMANY
(City, town, or county) (State or foreign country)14. Maiden name UNKNOWN15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Boyd Davis(b) Address Unionville Mo17. (a) BURIAL (b) Date thereof NOV. 4 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation UNIONVILLE CEMETERY18. (a) Signature of funeral director COMSTOCK FUNERAL HOME(b) Address UNIONVILLE, MO. BY J. W. Comstock19. (a) 11-27-48 (b) Marvill D. Dyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM
 (c) City or town UNIONVILLE
 (If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)(e) Citizen of foreign country? NO (Yes or No)If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 2
year 1948 hour I minute 10 A. M.21. I hereby certify that I attended the deceased from
Apr. 1, 1948 to Nov. 2, 1948
that I last saw her alive on Oct. 31, 1948
and that death occurred on the date and hour stated above.Immediate cause of death
Chronic Cardio-renal Dis

Duration

?

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature J. N. Hoffman (M. D. or other)Address Unionville, Mo. Date signed 11/2/48

RECEIVED
District Health Officer No. 10
District File Number 11-48-2056
NOV 30 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Richard P. Casady, Registered Apprentice No. 76
working under my personal supervision.

Signed.....

James W. Comstock
Licensed Embalmer No. 4197

P. O. Address Unionville, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.